

Commonwealth of Kentucky
Department of Insurance
CITY,COUNTY, OR URBAN COUNTY GOVERNMENT QUARTERLY INSURANCE PREMIUM TAX RETURN

For the period (date): For Premiums collected by: (Insurance Company) Name: Address(city, state, zip):	Company officer responsible for preparing return: Name: Title: Street Address: City, State, Zip: Phone:
(Employer Identification Number Assigned by Internal Revenue Service)	
(NAIC Number)	
Name of City, County, or Urban County Government , Kentucky	

Line Of Insurance	(1) Established Tax Rate %	(2) Premiums Received	(3) Tax Payable [(1) x(2)]	(4) Collection Fee Retained	(5) Amount Collected From Policyholders
Casualty					
Fire & Allied Perils					
Health					
Inland Marine					
Life					
Motor Vehicle					
Credits (Form LGT 142)					
Total					

I hereby certify that the information provided is an accurate statement of the premiums received.

 (Signature of Company Officer Responsible For Preparing
 This Return)

 (Date)

NOTE: See Filing Instructions.